

Name: _____ Telephone Number _____

Hours Available: _____

BILLING AND COLLECTIONS SECTION - 3**WATS Accounts**

Mailing Company Name: _____

Street Address:

Floor:Room:

City:State:Zip Code:

Attention: _____

Summary bills for WATS accounts can only be prepared on the first of the month.

Enter the GRP number (Central) or BTN number (Western) that was assigned to this Summary Bill Account. _____

Indicate your tax exemption status for this account, if appropriate.

_____ Federal Excise

_____ State

_____ County

_____ City

Contact regarding payment of this Summary Bill

Name: _____ Telephone Number _____

Name: _____ Telephone Number _____

Hours Available: _____

USWC OUTPUT - SECTION 4

The following reports are provided as part of the standard offering to customers:

- Daily Usage File
- Electronic CRIS Bill
- Electronic IABS Bill
- Loss Report
- Completion Report

Other reports can be provided on an Individual Case Basis (ICB). **Custom request charges will apply.**

If you require an output that has not been addressed, please specify below:

Custom corporate to corporate testing can be developed on an individual case basis to be negotiated as part of the Comprehensive Agreement. If testing has already been negotiated, please indicate the test data and format (fax, email, paper, tape, file transmission) that is attached or the approximate date you will provide.

* The Test Plan is the expected outcome of the test.

Y/N

Central Region: ____ Attached ____ Target date ____

Format ____

Eastern Region: ____ Attached ____ Target date _____

Format _____

Western Region: ____ Attached ____ Target date _____

Format _____

USWC OUTPUT - SECTION 4

CONTACT INFORMATION FOR DAILY USAGE FILE OUTPUT

Contact Name: _____

Contact Number: _____

Mailing Name: _____

Mailing Address: _____

Output Preference9 Track Tape ___ 1600 BPI___ 6250 BPI___ Cartridge ___ Transmission ___ FTS
___ Paper ___

Via Transmission:

Dial-Up Telephone Number: _____

Contact Name and Telephone Number: _____

Preferred Time of Day: _____ Baud: _____

Protocol: _____ Estimated Volume: _____

Type of Data / Report: _____

Data Set Name(DSN)/Remote ID: _____

Authorization: _____ Date: _____

USWC OUTPUT - SECTION 4**CONTACT INFORMATION FOR ELECTRONIC CRIS BILL OUTPUT**

Contact Name: _____

Contact Number: _____

Mailing Name: _____

Mailing Address: _____

Output Preference

EDI ___ Paper automatically provided.

Data Set Name(DSN)/Remote ID _____

Authorization: _____ Date: _____

USWC OUTPUT - SECTION 4

CONTACT INFORMATION FOR ELECTRONIC IABS BILL OUTPUT

Contact Name: _____

Contact Number: _____

Mailing Name: _____

Mailing Address: _____

Output Preference

Transmission ____ Paper ____

Via Transmission:

Dial-up Telephone Number: _____

Preferred Time of Day: _____ Baud: _____

Protocol: _____ Estimated Volume: _____

Type of Data / Report: _____

Data Set Name(DSN)/Remote ID _____

Authorization: _____ Date: _____

USWC OUTPUT - SECTION 4

CONTACT INFORMATION FOR LOSS REPORT OUTPUT

Contact Name: _____

Contact Number: _____

Mailing Name: _____

Mailing Address: _____

Output Preference

FTP only.

Via Transmission:

Dial-Up Telephone Number: _____

Contact Name and Telephone Number: _____

Preferred Time of Day: _____ Baud: _____

Protocol: _____ Estimated Volume: _____

Type of Data / Report: _____

Data Set Name(DSN)/Remote ID _____

Authorization: _____ Date: _____

USWC OUTPUT - SECTION 4**CONTACT INFORMATION FOR COMPLETION REPORT OUTPUT**

Contact Name: _____

Contact Number: _____

Mailing Name: _____

Mailing Address: _____

Output Preference

FTP only.

Via Transmission:

Dial-up Telephone Number: _____

Contact Name and Telephone Number: _____

Preferred Time of Day: _____ Baud: _____

Protocol: _____ Estimated Volume: _____

Type of Data / Report: _____

Data Set Name(DSN)/Remote ID _____

Authorization: _____ Date: _____

INPUT TO USWC - SECTION 5

Provide contact name and telephone number for questions involving input files:

Name _____

Telephone Number _____

FAX Number _____

How will you send input to USWC?

Pre-ordering _____ FAX _____ Data Transmission/Electronic Access

Ordering _____ FAX _____ Data Transmission/Electronic Access

Repair/Maintenance _____ FAX _____ Data Transmission/Electronic Access

CONTACT LIST - SECTION 6

Please provide your Customer Service Center business days, hours, and telephone numbers for direct referrals of end users.

Note: The telephone numbers must be 800/888 Service numbers.

Orders

Location: _____ Days: _____ Hours: _____

Telephone number: _____

Location: _____ Days: _____ Hours: _____

Telephone number: _____

Location: _____ Days: _____ Hours: _____

Telephone number: _____

Billing

Location: _____ Days: _____ Hours: _____

Telephone number: _____

Location: _____ Days: _____ Hours: _____

Telephone number: _____

Location: _____ Days: _____ Hours: _____

Telephone number: _____

CONTACT LIST - SECTION 6**Repair**

Location: _____ Days: _____ Hours: _____

Telephone number: _____

Location: _____ Days: _____ Hours: _____

Telephone number: _____

Location: _____ Days: _____ Hours: _____

Telephone number: _____

In the space below, list the holidays your Customer Service Centers are closed.

Please provide any other names, addresses and/or telephone numbers that would be important to U S WEST.

BILLING AND COLLECTIONS SECTION - 3
BILLING PERIOD (BAPC) JOB AID

Central (AZ/CO/Southern ID/MT/NM/UT/WY)

Each of these bill dates has both an "A" and a "B" bill run.

1 4 7 10 13 16 19 22 25 28

WATS (Wide Area Telephone Service) and 800 service may only bill to the 1B bill period

Eastern (IA/MN/ND/NE/SD)

Each of these bill dates has both an "A" and a "B" bill run.

1 4 7 10 13 16 19 22 25 28

WATS (Wide Area Telephone Service) and 800 service may only bill to the 1C bill period.

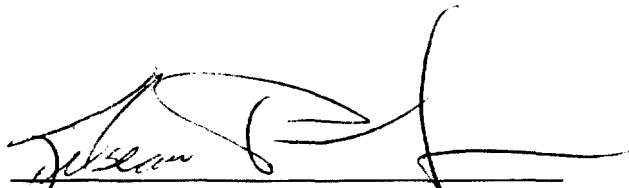
Western (Northern ID/OR/WA)

02 04 05 07 08 10 11 13 14 16
17 19 20 22 23 25 26

WATS (Wide Area Telephone Service) may only bill to the 01 bill period.

CERTIFICATE OF SERVICE

I, Kelseau Powe, Jr., do hereby certify that on this 21st day of January, 1997, I have caused a copy of the foregoing **REPLY TO OPPOSITIONS** to be served via first-class United States Mail,* postage prepaid, upon the persons listed on the attached service list.**


Kelseau Powe, Jr.

* **Via Hand-Delivery**

** **As required by the December 23, 1996 Public Notice (DA 96-2179), the 3 x 5 inch diskette is filed with the Office of the Secretary of the FCC, along with the original and hard-copies.**

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